

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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December 13, 2006

# MEDICAID BULLETIN

<i>HMO</i>	<i>06-14</i>
<i>HOS-IP-GEN</i>	<i>06-17</i>
<i>HOS-IP-IMD</i>	<i>06-11</i>
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**TO: Ambulatory Surgery Centers, Hospital Providers and Ophthalmologist**

**SUBJECT: Coverage and Reimbursement of Corneal Transplant Tissue**

Effective immediately, South Carolina Department of Health and Human Services (SCDHHS) will cover the cost of the corneal tissue, not to exceed \$2,350.00, when a corneal transplant is performed in an Ambulatory Surgical Center (ASC). This amount will be paid in addition to payment for the transplant surgical procedure and should be submitted with the HCPCS Level II procedure code V2785 (processing, preserving, and transporting covered tissue). Providers must attach a copy of the invoice reflecting the cost of the tissue along with the claim to avoid delays in payment. Medicaid's coverage policy for procedures performed in an ASC is limited to those described under 42 CFR 416.65 (Covered Surgical Procedures) and those published in the Medicaid Physician and Clinic Services Manual.

If you have any questions regarding this bulletin or any other Medicaid billing or policy questions, please contact your program representative in Hospital Services at (803) 898-2665. Thank you for your continued support and participation in the South Carolina Medicaid program.

/s/

Robert M. Kerr  
Director

RMK/bgyb

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